Mrs Jane Belinda Goddard

Community Spirited

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Community Spirited provides domiciliary care services to people living at home. They currently provide personal care to 14 people. Each person received a variety of care hours from the service, depending on their level of need.

The inspection was conducted between 1 and 6 June 2017 and was announced. We gave the provider 48 hours' notice of our inspection as it was a domiciliary care service and we needed to be sure key staff members would be available.

The service was run by the registered provider, who also acted as the manager. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Legislation designed to protect people's rights was not always followed when people's care was being planned, although care staff did seek verbal consent from people before providing care and acted in the best interests of people.

People felt safe and trusted the staff who supported them. Staff understood their safeguarding responsibilities and knew how to prevent, identify and report abuse. Staff recruitment practices were robust and helped ensure only suitable staff were employed. There were enough staff to support people; they were reliable and arrived on time.

Risks relating to the environment or the health and support needs of people were managed effectively and respected people's independence. Medicines were given safely by staff who were trained and competent.

Staff were knowledgeable and skilled, although one experienced staff member had not completed the service's induction programme. They were also supported appropriately in their work by managers.

Most people's meals were prepared by family members, but staff encouraged people to maintain a healthy, balanced diet and took action when people were at risk of weight loss. Staff monitored people's health and supported them to access healthcare services when needed.

Staff were kind, caring and compassionate. People spoke positively about the relationships they had built with staff, which they valued and appreciated.

Staff were discreet and unobtrusive when working in people's homes; they protected people's privacy and involved them in decisions about their care.

The provider was committed to providing high quality care that put people at the heart of the service. People consistently told us they received highly personalised care and support that met their individual

needs.

People were supported to have maximum choice and control of their lives. The provider sought and acted on feedback from people to improve the service. There was a suitable complaints policy in place but nobody had had cause to complain.

People told us the service was well-led and said they would recommend it to others. Staff were motivated and enjoyed working at the service. They took pride in making a positive impact on people's lives.

There was a quality assurance process in place that focused on people's experiences to continually improve the service.

There was an open culture and links had been developed with community groups to the benefit of people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People trusted staff and staff knew how to identify, prevent and report safeguarding concerns.

Staff were reliable and there were enough staff deployed to meet people's needs. Recruitment procedures were robust and helped ensure only suitable staff were employed.

Potential risks to people were assessed and managed in a way that respected people's independence. Medicines were managed safely and administered by staff who were suitably trained.

Is the service effective?

Requires Improvement

The service was not always effective.

When planning people's care, managers did not always follow legislation designed to protect their rights. However, staff sought verbal consent from people before providing care and acted in the best interests of people.

Most staff had completed the provider's training programme. They were skilled and competent and were supported effectively in their role by managers.

Staff encouraged people to maintain a healthy, balanced diet. They monitored people's health and supported them to access healthcare services when needed.

Is the service caring?

Good

People were cared for with kindness and compassion.

Staff built positive relationships with people. They protected people's privacy and respected their dignity at all times.

People and relevant family members were involved in planning the care and support delivered.

Is the service responsive?

Good

The service was responsive.

The provider's values were based on putting people at the heart of the service.

People consistently told us they received highly personalised care from staff who understood their care needs and encouraged them to maintain their independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The provider sought and acted on feedback from people to help improve the service. There was a complaints procedure in place, though no one had had cause to use it.

Is the service well-led?

Good

The service was well-led.

People and relatives praised the management of the service. There was a positive and open culture. Staff were happy in their work and were proud to have made a positive impact on people's lives.

There was a suitable quality assurance process that focused on the views and experiences of people using the service.

Links with the community had been developed to the benefit of people using the service.

Community Spirited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This is the first inspection of the service since it moved to its current location in June 2016. The inspection was conducted by one inspector and was announced. We gave the provider 48 hours' notice of our inspection as it was a domiciliary care service and we needed to be sure key staff members would be available. The inspector visited the service's office on 1 and 6 June 2017.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the provider, including inspection reports of the service's previous location address.

During the inspection we had telephone conversations with four people who used the service and two relatives. We also visited and spoke with three people and their family members in their homes. We spoke with the provider (who was also the manager), the deputy manager and seven care workers. We looked at care records for four people. We also reviewed records about how the service was managed, including staff training and recruitment records. Following the inspection, we received additional information from the provider that we also reviewed.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe and trusted the care staff who supported them in their homes. One person said of the staff, "I feel very secure with them; they know what they're doing." Another said, "I feel very safe with them; they're very good."

People benefited from a safe service where staff understood their safeguarding responsibilities. A safeguarding policy was in place and staff were required to complete safeguarding training as part of their induction. This training was refreshed regularly. Staff were knowledgeable about the signs of potential abuse and the relevant reporting procedures. One staff member told us, "Signs could be bruising in unusual places or changes in [the person's] character; they might become reserved, withdrawn or appear frightened." Staff felt confident that any concerns reported to the provider would be acted on quickly and were aware of external organisations they could access for support.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. The manager told us a new care package was only accepted if sufficient staff were available to support the person at the time they needed it.

People told us staff were reliable, arrived promptly and stayed for the full allocated time. One person said, "They're good on time keeping. We're very pleased with them." Another person said of the staff, "They write me out a calendar for four weeks as to who is coming. If anything changes, they let me know." A further person told us, "The rota is really useful. It's a joy knowing who is coming first thing in the morning." Staff told us travelling time was built into their rotas. One staff member said us, "We're given a good time to get to the calls, so we're rarely late."

Robust recruitment procedures were in place to help ensure that only suitable staff were employed. Staff files included records of interviews held with applicants, together with reference checks. In addition, checks were made with the Disclosure and Barring Service (DBS). A DBS check will identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Staff confirmed they had not started work at the service until all the pre-employment checks had been completed.

People were protected from individual risks in a way that supported them and respected their independence. One person wished to continue using the stairs and staff encouraged them to do this with the minimum amount of support. A staff member told us, "We just go behind [the person] for reassurance and make sure they've got a different [walking] stick that they use on the stairs." A family member told us "[Staff] always make sure [my relative] is safe in their armchair before they leave."

People and staff were also protected from environmental risks. The manager and deputy manager completed assessments to identify any risks to people using the service or the staff supporting them. These included environmental risks in people's homes and risks relating to the health and support needs of the person. When risks were identified, people's care records detailed the action staff should take to minimise the likelihood of harm occurring. For example, staff were alerted to trip hazards in and around the house

and advised where to wash their hands before preparing meals and administering medicines. Where the person did not have a family member to test their smoke alarm, staff from the service did this for them on a monthly basis.

Where people required assistance to take their medicines, these were managed and administered safely. Where support was required, the level of support people needed was recorded in their care plans. For some people, the help required was limited to verbally reminding them to take their tablets; for other people staff needed to administer medicines to them, for which they had received training as part of their induction. This included being observed administering medicines by a more experienced staff member to check they had understood their training and followed best practice guidance.

Requires Improvement

Is the service effective?

Our findings

People praised the quality of care delivered by staff. Comments from people about the staff included: "I'm extremely happy with them, I can't fault them" and "We are well looked after". A family member of a person living with dementia told us, "[Staff] are excellent. They just seem to understand [my relative's] needs and their condition." Another family member said, "[Staff] are so good. They interact with [my relative] very well; they are all excellent."

Although people and their relatives were satisfied with the standard of care delivered, we found the managers responsible for planning people's care did not ensure that people's rights were protected in accordance with the Mental Capacity Act 2005 (MCA). The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

Where people had capacity to consent to the care and support they received, they had signed their care plans to indicate their agreement with it. Where they were unable to do this, family members who said they had a Lasting Power of Attorney (LPA) in place had been asked to sign consent forms on behalf of the person. An LPA is a legal authority that allows an appointed person to make decisions on behalf of a person who lacks capacity. There are two types of legal authority in this context, those for care and welfare and those for finances. However, staff had not checked that the LPAs covered decisions relating to one person's care and welfare. When we checked with one family member, we found the LPA relating to their relative was only valid for financial decisions. They did not have the power to make decisions about the care and support being delivered to their relative by staff. We discussed this with the provider and by the end of the inspection they had put new procedures in place for checking LPAs fully in future. They had also completed an MCA assessment for the person and were consulting with family members to make relevant best interests decisions on behalf of the person.

Staff were clear about the need to act in the best interests of people. They sought consent from people before providing care and supported them to make decisions for themselves by giving them time to consider the options. For example, a staff member told us, "[One person] often declines personal care. We write on their calendar 'shower' and it prepares them, so they are likely to accept it [when we visit]. But if they say no, then its no."

Staff completed an induction programme to help ensure they had the required knowledge and skills to meet people's needs. This included office-based training followed by 'shadowing' where they worked alongside experienced care staff until they felt confident and competent to work unsupervised. Records showed that one staff member, who had worked for the service for four months, had not completed the provider's induction training prior to supporting people on their own. However, the staff member was an experienced care worker; they had completed relevant training while working for another care service and we saw plans were in place for them to complete the provider's training programme in the near future.

The 'shadowing' system was also used when staff were introduced to people they had not supported before. They visited the person with the usual care worker to be introduced and to be shown directly how the person liked to be supported. This helped ensure continuity of care and gave people confidence in the ability of staff to meet their needs. One person told us, "They [new care workers] soon get to know what I want. They pick things up quickly." A family member confirmed this and said, "If one [care worker] has to leave, they always introduce the new person and they watch them to make sure they know what they are doing. It's all well thought out."

Arrangements were in place for staff who were new to care to complete training that met the standards of the Care Certificate. This is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care to people. In addition, staff were supported to gain vocational qualifications relevant to their role. For example, three staff members were being supported to obtain level three qualifications and the deputy manager was working towards a level five diploma in management. Other staff had completed training in end of life care, team leadership and diabetes care.

Staff demonstrated an understanding of the training they had received and how to apply it in practice. For example, they explained how they communicated with people living with dementia by remaining patient, asking simple questions and providing continuous reassurance. One staff member added, "It's mostly about keeping to [the person's] routine and us understanding it, as any changes can cause upset. With [one person], I always leave her clear notes on her trolley as to what she has had for lunch and what's for tea, just to help her along."

Staff were appropriately supported in their work. One staff member told us, "I feel very supported. [The provider] is always happy to see you and I talk to [the deputy manager] all the time about how things are going. All staff received a range of supervisions with the provider. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, and discuss training needs. In addition, staff who had worked at the service for over a year had received an appraisal. Each staff member had a personal development plan to help identify areas for development, such as additional training that would benefit people. A staff member told us, "They [the provider] care about their staff. When I was off ill, the support I got was wonderful; I've never experienced that before." Senior staff operated an 'on call' system to provide support to care staff outside of office hours. Care staff told us they found this was "comforting" and "reassuring". One told us, "If you need any help, it's always there. They don't mind how often you call them."

Most people's meals were prepared by family members. Where care staff were responsible for preparing meals, they encouraged people to maintain a healthy, balanced diet based on their individual needs and preferences. Staff described how they offered people a choice of meals from those available. One told us, "[A family member] sets the menu [for the person], but we still ask what they want and let them choose." If staff became concerned that a person may not be eating or drinking enough, they monitored the person's intake using food and fluid charts. If these confirmed their concerns, they took appropriate action, for example by contacting the person's GP for advice. A staff member told us, "To help [one person], we leave notes on the table saying where the food is and what their next meal is to encourage them to eat regularly."

Staff knew people well and monitored their health on a daily basis. If they noted a change they would discuss this with the person and their family member if appropriate. With the person's consent, they then sought appropriate professional advice and support, for example from doctors and community nurses. A family member told us, "They [staff] are very good at picking up on changes, like if [the person] has developed a cough. They let me know so I can call the doctor."

Good

Is the service caring?

Our findings

People's needs were met by staff in a caring and compassionate way. People consistently described staff as "lovely", "kind" "sensitive" and "caring". Comments from people about the staff included: "They are gold, from the top of their heads to the tips of their feet"; "They are all extremely kind and treat me like a person not a thing"; "They are very obliging"; and "I don't know how they can be so cheerful first thing in the morning". Comments from family members included:
"They [staff] come across as very caring. They seem to enjoy their work. They do it because they want to, not because have to. There's very much a personal touch" and "They go further than expected. [My relative] always gets birthday cards and Christmas cards. They support the whole family."

Staff spoke very warmly about the people they cared for, who they clearly knew well. Comments from staff included: "I love helping my clients. I really enjoy seeing them"; "The clients are more like family"; "[One person] has some brilliant stories that I've heard lots of times, but they love telling them and it's great to sit there and listen to them. I don't get bored hearing them": and "It's very rewarding knowing you've made a difference. It's not just about the client; it's about the partner or the family as well".

People were positive about the relationships they had built with care staff, which they clearly valued and cherished. One person said of the staff, "They do the job because they want to. They are always very interested in me and what I'm doing. Sometimes they bring their young children for me to meet. I do love the kids coming round." Another told us, "I have five [care workers] altogether and if I haven't seen one for a while, we just pick up the conversation where we left off; it's lovely. I've got to know them well and learnt about their families. They have a great sense of humour." Family members echoed these comments. One told us, "They [staff] are always bright and cheerful. [My relative] can be difficult, but they always bring a smile to their face." Another said, "It's so personal; it's like friends coming in." When we discussed these comments with a staff member, they told us, "The company want us to build trusting relationships with people and that's what we do."

People were encouraged to be as independent as possible within their abilities and staff expressed a commitment to promoting independence. For example, a staff member told us, "It's all about people remaining as independent as possible in the community. They [the provider] promote that if they can do it, let them do it." Another staff member said, "[One person] is very independent and can do most [personal care] themself; I just remind them if they've forgotten to wash certain areas. It's all about helping them live independently. It's very important. You let them do it, but you don't let them struggle." This approach was confirmed by people we spoke with, one of whom told us, "They [staff] are excellent at encouraging me to do what I can on my own."

People said their privacy and dignity were protected and respected at all times. Comments from people included: "They [staff] are entirely respective and mindful of my privacy"; "They are very good and very discreet"; and "They are not at all intrusive". Staff were sensitive to the fact that they were working in people's homes and took care to be as discreet and unobtrusive as possible. They described the practical steps they took to protect people's privacy when providing personal care, such as asking family members to

leave the room, closing doors and keeping the person covered as much as possible. People were able to choose the gender of the care worker who supported them with personal care and we found this was always respected.

People and their relatives consistently told us that staff consulted them about how they wanted their care to be delivered. A family member told us, "I have felt very much part of the [care planning process]." The process started with an assessment of the person's needs and developed over time as the full extent of people's needs became known or changed. Records confirmed that people were involved in reviews of their care and in discussing any changes they wished to make to the way their care and support was provided.

Good

Is the service responsive?

Our findings

People consistently told us they received highly personalised care from staff who understood their care and support needs. Everyone who was receiving care from Community Spirited, or their relatives was completely satisfied with the quality of care they received. One person said of the staff, "If I ask them to do something extra, they always do it. They fix up to take me out, like for a morning's shopping, or they'll do the shopping for me." Another person told us, "I am so happy I can live in my own home and they [staff] are there to help me. I'm getting slower, but they never rush me; it's always at my speed." A family member told us, ""When I contacted [Community Spirited], we had a very positive conversation. It was all about what did I need to help me support [my relative]. It was so wonderful I decided I wanted a bit more of their time, so they increased the package." Written feedback from a healthcare professional to a survey by the provider said staff took a "very patient-centred approach" to supporting people.

The provider's values were focused on putting people at the heart of the service and providing high quality care that met their individual needs and wishes. This was demonstrated by comments made to us by staff, which included: "The service is very care-focused. They [the provider] want us to give people the best life they can have in their own homes"; "Everything is focused around the client. We give choices all the time"; and "Everyone is so different and everyone has things done in different ways. We take a very person-centred approach".

Staff told us they were always introduced to people before they started providing care. They had access to the person's care plan and said one of the managers would go through this with them. This helped ensure staff fully understood the person's needs and how to meet them. A staff member told us, "Everything is aimed at personalised care. They [supervisors] go through the care plan with you and let you know immediately if anything changes." Another staff members said, "We get to know [people] individually; they are all individual. We don't base our care around us, it's around them and we take our time to make sure they are happy." This approach was confirmed by all the people and relatives we spoke with.

When we spoke with staff, they demonstrated a high level of insight and awareness of people's individual support needs and how each person preferred to receive care and support. For example, a staff member described precisely how a person liked to be supported in the mornings, from how they helped the person to shower, where the person liked to get dressed and the order in which they preferred to dress, to where the person then sat to take their breakfast. The details were confirmed by the person's relative who told us, "The routine is important for [my relative]. They [staff] know that and are always consistent. It really helps." Another person told us, "They [staff] stand by while I have a shower in case I need any help and lay my clothes out in the order I like. It's like having a lady's maid!"

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. For example, one person told us, person said, "I don't stick to a routine. I get up when I want and they accommodate that." A staff member told us, "[One person] likes to choose when to change their bedding. I'll put the washing in [the machine] for them, but sometimes they like to turn it on themselves. I offer support, but let [the person] choose."

Assessments of people's care needs were usually completed by the deputy manager, who then developed a suitable plan of care. The care plans we viewed provided sufficient information to enable staff to provide personal care in a consistent and individualised way. The deputy manager told us, "We keep the care plans open initially as we often find people need more support than they realise. Sometimes they can't actually do all they say they can do, so we follow up to make sure everything is going okay."

People's care needs were reviewed with them and their relatives whenever needed. They were automatically reviewed after one week and then at monthly intervals thereafter, or whenever a person's needs changed. A family member told us, "What I love is I only have to ring up and say I've got a problem and invariably they will put a solution in place that I know I can rely upon." People's care records confirmed that they received care and support in accordance with their care plans, in a personalised way. A family member told us, "The paperwork is always kept up to date and is very detailed. I would leave a little note of anything extra that needed doing and they would leave a little note in response. It's wonderful."

The provider used a range of methods to seek and act on feedback from people. These included one-to-one conversations with people and their relatives when supervisors reviewed the person's care plan. In addition, telephone satisfaction surveys were conducted. The deputy manager told us that following one survey, they identified that the staff member wasn't "gelling" with the person due to a "personality clash", so the staff member was changed. They said this had satisfied the person who was "very happy with the switch".

People knew how to complain about the service and there was a clear complaints procedure in place. One person told us, "I've not had cause to make a complaint; they give a good service." Another person said, "Complaints? I've never had any. But if I did, I'd just talk to the manager; she'd soon sort it out."

Good

Is the service well-led?

Our findings

People consistently told us the service was well managed and praised the quality of care they received from Community Spirited. One person said, "I would happily recommend them to anyone; they're brilliant." Other comments from people included: "We've been very pleased with their input into our lives; we can't fault them" and "I've nothing but praise for them". A family member told us, "Several people locally recommended Community Spirited and I've been absolutely delighted with them."

The provider promoted a positive culture. They told us the ethos of the service was "Giving the warmth and care of a family, with the trust and support of a friend." All staff we spoke with demonstrated an understanding and a shared commitment to this vision. These values formed a large part of the induction process and were reinforced at every opportunity by the provider and senior staff. Senior staff acted as role models in this regard, consistently talking about people warmly and expressing pride in the positive impact staff had made to people's lives. A staff member told us, "The company is about making sure people are helped to keep the lifestyle they want and keep their independence at home."

There was a clear management structure in place consisting of the provider (who was also the manager), a deputy manager and key workers. Key workers were nominated, experienced member of staff who acted as a point of contact for the person and their relatives. They were also responsible for reviewing the person's care plan on a monthly basis and making sure it reflected their current needs.

People benefitted from staff who were happy and motivated in their work. Staff told us they took pride in their work and felt "privileged" to work for Community Spirited. Comments from staff included: "Working for the company is the best thing I've done. They really make you feel happy and confident, they are so supportive. They've helped me grow as a person"; "They're very family-like; a lovely group of people. They have a lovely way about them"; "It's a great company to work for. I love helping my clients"; and "They are really on the ball with everything. There is always someone there if you need them."

There was an appropriate quality assurance process in place that focused on continually seeking the views and experiences of people to assess, monitor and improve the service. A family member told us, "We often get a call from [the deputy manager] asking our opinion of the staff and how things are going; but there are no problems [the staff] are very good." In addition, a variety of audits was undertaken by the provider, the deputy manager or key workers on a regular basis. These covered all aspect of the service, including care planning, medicines and staffing. The manager told us, "Our extra eyes are the key workers checking people's care records, keeping in touch with people and getting feedback [about staff] from people."

The provider had identified that some staff training was not up to date, due to a key staff member being off work and had put plans in place to address this. Whilst they had not identified concerns around people's lasting power of attorneys (LPAs), they acknowledged the need to be more probing when seeking information from family members and took immediate action to address the issue during the inspection.

There was an open and transparent culture within the service. Staff described the management as

"approachable" and said they were made welcome when they visited the office. The provider was aware of the need to notify CQC of all significant events (though none had occurred) and there was a duty of candour policy in place to help ensure staff acted in an open and transparent way when serious mistakes were made (though none had). The provider had also developed links with community groups to the benefit of people using the service. For example, at Christmas, they had secured the support of local businesses to enable them to run a Christmas lunch with entertainment. This had allowed people using the service to get together with others living in the community, which they had clearly enjoyed. One person told us, "We were invited to Christmas dinner and that was lovely to meet everyone; we had a wonderful time."